

Check A But
Paralegal Speciale

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM 7-875)

SERIAL NO.

FILING DATE

APPLICANT'S

09/980568

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51						
2		1					52						
3	1						53						
4		1					54						
5		2					55						
6		2					56						
7		2					57						
8		2					58						
9		2					59						
10		2					60						
11	1						61			1			
12		1					62			1			
13		1					63						
14		1					64						
15		3					65						
16		3					66						
17		3					67						
18		3					68						
19		3					69						
20	1						70						
21		1					71			1			
22		2					72						
23		2					73						
24		1					74						
25		1					75						
26		2					76						
27		1					77						
28		2					78						
29		2					79						
30		2					80						
31	1						81						
32		1					82			1			
33		1					83						
34		1					84						
35		1					85						
36		1					86						
37		4					87						
38		4					88						
39	1						89						
40	1						90			1			
41		2					91						
42		2					92						
43	1						93			1			
44	1						94						
45	1						95						
46	1						96			1			
47		2					97			1			
48			1				98						
49				1			99						
50					1		100						
TOTAL IND.	1						TOTAL IND.			9			
TOTAL DEP.		1					TOTAL DEP.			4			
TOTAL CLAIMS	1	1					TOTAL CLAIMS			13			